**Training Location/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**West Virginia Department of Health and Human Resources**

**Prescription Drug Overdose (PDO)/State Targeted Response (STR) Grants**

**Naloxone Distribution**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race:**

* White
* Black/African American
* Asian
* Native American
* Pacific Islander
* Latino

**Ethnicity:**

* Hispanic
* Non-Hispanic

**Are you a veteran?**

* Yes
* No

**Is this your first time receiving naloxone to take with you?**

* Yes
* No

**How many kits did you receive today? \_\_\_\_\_\_\_\_\_\_\_**

**If you have received naloxone previously (answered “No” to the question above), please indicate the reason you are getting a refill.**

* Expired
* Used (please complete the West Virginia Poison Control form)

**If used, what was the outcome:**

* + - Saved life
		- Death
		- Unknown
* Lost/stolen
* Want another kit to keep in another location (work, home, etc.)
* Gave away

**Anything you would like to have learned more about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **The purpose of this survey is to gather data about how the naloxone is being used and the effectiveness of the training/ counseling. Your participation in this survey is entirely voluntary, and you do not have to answer any of the following questions. Your answers will be kept confidential, and your name will not be attached to this survey or to any of the data collected.** **Which of the following best describes your position? (select all that apply)** |
| \_\_\_\_\_\_ Initial Responder (police, firefighter, EMS/EMT, probation officer, etc.)\_\_\_\_\_\_ Student in a healthcare field Field of work in which you may be in a position to assist (healthcare provider, substance use treatment provider, psychiatry, homeless shelter, etc.)\_\_\_\_\_\_ Community member and may be in the position to assist someone experiencing an opioid-related overdose\_\_\_\_\_\_ Individual at risk of opiate-related overdose\_\_\_\_\_\_ Relative, friend or caretaker of a person at risk of experiencing an opioid-related overdose After completing training/counseling, please rate your levels of agreement with the following statements on a scale of 1 to 5, where **1** means **“Strongly Disagree”** and **5** means **“Strongly Agree.”**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Strongly Disagree** |  **Disagree Neutral Agree** | **Strongly Agree** |
|  |  |  |  |  |  |
| I can manage an overdose situation. | 1 | 2 | 3 | 4 | 5 |
| I can recognize the symptoms of an opioid overdose. | 1 | 2 | 3 | 4 | 5 |
| I can recognize the risk factors that increase the possibility of an overdose. | 1 | 2 | 3 | 4 | 5 |
| I can administer Naloxone using the procedures I learned today. | 1 | 2 | 3 | 4 | 5 |
| I learned new information or skills as a result of the training or counseling received today. | 1 | 2 | 3 | 4 | 5 |